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MICHELLE B. FAJMAN RECORDER

Return To:

Hodges & Davis, P.C.

8700 Broadway, Merrillville, IN 46410

SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

TO:	Edna S Brown		
Patient:	Edna S Brown	Attorney:	
	1324 Ellsworth		
	Gary, IN 46404		
Lake County 2293 North	f Lake County, Indian y Government Center Main Street c, Indiana 46307	311 W. W Suite 30	Department of Insurance Jashington Street 00 polis, Indiana 46204
IN 464UZ,	intends to hold a H	that THE METHODIST HOSPIT. Ospital Lien for all rea interance of the above lis	ALS, INC., 600 Grant Street, Gary, sonable and necessary charges for ted patient as follows:
1.	•	nitted to the hospital on	
and was dis	scharged from the hos	spital on January 08,	2011
above hospi	talization is <u>Six </u>	Thousand Nine Hundred Sixt	or maintenance during the y-Three and 75/100
(<u>\$ 6,</u>	To the best of the	Hospital's knowledge the	perty of
legal repre liable for stay:	esentative claims to damages arising fr	hat the following named om the patient's illnes	<pre>patient or the patient's individuals and/or entities are s or injury causing the hospital</pre>
-			
This the Office	Lien is being filed	pursuant to the Hospital	Lien Law, I.C. Section 32-33-4 in
nunarea and	d eighty (180) days	after the patient was di	e Hospital is located, within one ischarged from the Hospital. The
unaersignea	l lndividua⊥ executir	ng this instrument, having	been duly sworn upon oath, under
rne beuarti	les of perjury, here	eby states that the Hospi	tal intends to hold the Hospital ters set forth in the foregoing
statement a	re true and correct.	that the facts and mat	cers set forth in the foregoing
		THE METHODIST	HOSPITALS, INC.
		(1) BY: VICKE	Rudes /
STATE OF IN		Vi	cki Ruder
COUNTY OF L	AKE)	SEAL S	
		MOIANA THE	
	Vicki Ruder	, being a Patient Re	epresentative for The Methodist
are true an	d correct.		the facts stated in the foregoing
		(2) Vicket	(de)
C / Subsc	ribed and sworn to b	Vic efore me, a Notary Public	ki Ruder 1670 day of
tebruary		erore me, a Notary Public	day of
My Commissi	on Expires:	<u> </u>	Notary Public
March	24,2011	A Resident of	
[affirm, u each social	under the penalties security number in	for perjury, that I have this document, unless requ	taken reasonable care to redact aired by law.
This Instru	ment Prepared By:		
		Earle F. Hites, Attorney	
	11.2	8700 Broadway, Merrillvi	lle, IN 46410
AMOUNT	\$		and the second description of the second description and all the second descriptions and the second description and the second de
CASH	1/2889		Official Seal LISA STONE COURTY IN
CHECK#	The second secon		Resident of Lake County, IV My commission expires
OVERAG	he amendment and the second se		Works March 24, 2011

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CHECK#_ OVERAGE COPY_ NON-COM. CLERK-